

FOCUS GROUPS AND PUBLIC INPUT EVENTS:

A Summary of Actions/Solutions on Blueprint Project Themes



Focus Groups and Public Input Events: A Summary of Actions/Solutions on Blueprint Project Themes

Focus Group Facilitators (Agencies/Sponsors) and Locations:

1. African Multicultural Community Center
 - Sudanese Presbyterian Church (2 focus groups)
 - African Multicultural Community Center (1 focus group)
2. Aging Services
 - Lake Street Senior Center (1 focus group)
 - Atwood House Bed & Breakfast (1 focus group)
3. Asian Community & Cultural Center
 - Chinese - UNL Home Economics Bldg. (1 focus group)
 - Filipino - Asian Center (1 focus group)
 - Vietnamese - Asian Center (1 focus group)
 - First Baptist Church (1 focus group)
4. Faces of the Middle East
 - Asian Center (2 focus groups)
 - Good Neighbor Center (1 focus group)
5. Hispanic Community Center
 - Hispanic Community Center (4 focus groups)
6. Indian Center, Inc.
 - Ponca Tribal Center (1 focus group)
 - Indian Center, Inc. (2 focus groups)
7. National Association for the Advancement of Colored People, Lincoln Branch
 - Newman United Methodist Church (2 focus groups)
 - Good Neighbor Center (1 focus group)
 - Elliott Elementary School (1 focus group)
 - City Impact Facilities (1 focus group)
8. Planned Parenthood of Lincoln
 - Planned Parenthood (4 focus groups)
 - Elliott Elementary School (1 focus group)
 - Lincoln-Lancaster County Health Dept. (1 focus group)
9. Healthy Homes
 - Lincoln-Lancaster Co. Health Department Training Center (4 focus groups)

NOTE: On the following pages, the summary comments are largely a verbatim accounting of what was said and recorded in the Focus Group discussions. Many of these comments were repeated by more than one individual at more than one location.

Cultural Issues

Provide cultural competency training for medical facilities, professionals and staff, including history of ethnic minority populations in this country and especially newcomers residing here in Nebraska. Consider impact/role of indigenous healers, religious beliefs, and practices on total health care. Consider impact of racism on health care and service delivery. Provide education/classes in “the basics of living in the U.S.”

Provide language help. (See Medical and Dental Access.) Also recognize linguistic competency issues vis-a-vis truly understanding cultural variances in health care and behavioral health practices. This is not just an issue of translating.

Provide funding for exploring and assisting in the many facets of mental health issues (this links to Access, Health Ed/Info, and Cultural Issues). For many newcomers, consider impact of traumatic experience on health, violence, separation from family/tribe/country/culture/language, isolation, weakened family structure of leadership and authority, marginalized elders, inter-generational and inter-gender strain in a new environment.

For refugees, Asians and Hispanics (perhaps all), the consequences of ‘loss of face’, depression or stress expressed in vague somatic symptoms. The expectations to help out family members left behind, to send back financial help (the cost of phone calls demanded), as well as earning enough to be proud of being self-sufficient - - the anger and guilt behind mental illness.

Provide support for family members of people with mental illness.

Provide a safe house for people in crisis.

Provide consultants to train or assist all medical personnel in on-going cultural awareness and disparities.

Consider the impact on health of the prejudices and biases toward newcomers - - who need health services and employment.

Establish more accessible, affordable classes for learning English. Teach and retain native language and culture to avoid devastation suffered by American Indians.

Consider immigration concerns as they impact physical and mental health.

Consider Native American relocation issues on health concerns.

Develop a mechanism to improve the relationship and service between the Nebraska Urban Indian Health Center and the tribes and persons in Lincoln.

Incorporate holistic healing with American Indian health care and overall well being. Utilize traditional healers. (Appropriate and requested for other ethnic groups)

Existing Cross-Cultural Health Workers

Pursue means to utilize (to credential provisionally) immigrants with medical or health backgrounds to assist in bilingual and bicultural health needs. Pay them. (African cultures, Middle Eastern, Arabic, Kurdish, Asian, and Hispanic)

Consider the bilingual workers needs - burnout, high case load - refugees themselves still working through grief, loss, and displacement.

Consider need for larger housing accommodations to allow families to maintain extended family as natural economic and health care model.

Health Education/Information

Develop a procedure to help find doctors and nurses in general, and Medicaid doctors in particular. Help in how to change or find a new doctor or dentist.

Explain how low-income and minority people can access preventive, comprehensive health care, where facilities are, why and how to get health insurance, Medicaid, medical forms, coverage, status change effects, explanations of benefits.

Put informational flyers in with utility bills, in food baskets, on grocery bags, door-to-door.

Develop a one-stop-shop volunteer service in many languages to facilitate health care.

Establish mechanism or program in all needed languages on the following:

- Health and medical needs, healthy lifestyle, nutrition, exercise.

- Preventive health care.

- Regular check-ups, screenings, immunizations.

- Substance abuse, smoking, secondhand smoke effects, and how to quit.

- Environmental health.

- Water, food handling and storage, garbage.

- Help newcomers in learning life in U.S.; foods, healthful food preparation, incorporating or adapting cultural traditions, local health regulations.

- Men's health care.

- Driver's education and traffic safety.

- How to avoid emergency room visits and utilize less expensive medicines.

- How to call an ambulance.

Provide low or no-cost fitness facilities or activities for families, especially parents/adults.

Utilize church, synagogue, mosque, temple, and other faith organization sites for this and for screenings.

Give tax credits to persons, businesses, or agencies that offer preventive health care.

Teach youth health care in schools and churches or other places of worship.

Provide incentive for taking advantage of health and fitness activities and programs.

Give "Health Care Survey" in all Black churches.

Utilize "Sisters Together" (Black women's organization) to teach healthy lifestyles and health care to African American women.

Provide more "listening sessions" (focus groups) for individuals to voice their concerns.
(Requested by all groups)

Provide information on how to navigate the human services system, health, medical, and assistance.

Provide free services and events to teach.

Customer Relation and Service

Need to understand discourtesy and rudeness are not exclusive toward minority populations. Make people, whoever they are, feel welcome and wanted.

Avoid using acronyms to anyone outside of ones own agency.

Provide on-going training of “first contact persons” in all agencies who have the knowledge how to help or how to find out and willingness to do so.

Provide on-going training to all medical personnel regarding respectful dealing with public to be helpful, friendly, patient, and to listen to the patient.

Provide test results to patients in a clear understandable manner to them.

Health Care Workers/Outreach

Provide culturally competent advocates/outreach workers/case coordinators/health workers to facilitate process of health change, lifestyle, services, etc. needed to eradicate disparities.

Provide more linguistically and culturally competent outreach workers to advocate for and communicate needs and services (and police to make referrals for 'street people').

Utilize "more bodies," paid and volunteer, to assist clients in any service or agency.

Incorporate "Community Health Representative" (Outreach workers and American Indian concept) to check on elders, alcoholics, and other special populations.

Provide home visitations by nurses when needed or appropriate (Filipinos).

Provide advocates to help communicate with medical professional, discuss needs, smaller size of prescriptions, combinations, and use of drugs; need for regular check-ups. (For elderly in addition to immigrants and ethnic minority persons)

Medical and Dental Access

Language issues:

Provide interpreters on location. O.K. with client, be respectful, give complete information between patient and medical professional, confidentiality guaranteed, follow ethical guidelines, communicate appointment schedules or change, follow the rules of caring, common respect and friendliness.

Forms made available in many languages.

Transportation issues:

Explore various modes to access hospitals, medical appointments, Health Department and Social Services, assistance that are reliable, affordable, and that accommodates families, infants, and elderly. Allow bus system to be user friendly to sick persons. (Same transportation needed by all groups)

Provide minivans, vehicles, drivers, or vouchers for transportation for medical or health needs.

Hospitals and physician offices need to limit or provide explanation for long waits for getting appointments or at the office.

Encourage child friendly facilities in conjunction with medical appointments. Protect children from viewing frightening situations.

Access is linked to knowledge or available low-income health services. Utilize radio, TV. Develop, market, and monitor plan.

Recruit Black physicians and other medical professional (applies to all minority populations) and offer scholarships to students who enter health fields.

Develop flexibility in hours of service; e.g. night clinics. Evenings and Saturdays may be the only time some persons can go to a doctor or dentist.

Encourage doctors to accept Medicaid patients (simplify process)

Encourage doctors and other health staff to allow interpreters to be part of medical assessment.

Establish a one-stop-shop.

Place a medical facility or clinic in the target area of the Blueprint Project.

Utilize Mobile Health Units.

Encourage physicians and health staff to give explanations in English or interpreted in the patient's native language in a clear and easily understood manner.

Provide female physicians for women.

Provide American Indian personnel on Mobile Health Unit. (Ethnic minority staff in all medical facilities, programs are most valuable)

Cost Issues

Provide advocacy groups to obtain reduced costs of prescriptions or insurance that provides reduced costs and use of sample medicine.

Advocate for increase in Medicare allotments for prescriptions and inclusion of hearing aids, dentures, dental care, glasses, etc.

Provide awareness to hospitals, medical facilities, and to clients of assistance, percent plan for payment, and allowance for delayed ability to pay.

Provide for the elderly and low-income families assistance to pay for medicine, orthotics, varicose vein treatment, dental, and eye care.

Educate hospitals and physician offices to better explain insurance coverage and bills, test results, and hidden costs.